• Currie’s main thesis is:

Loss of the distinction between what is imagined and what is true, or seriously a candidate for truth, can be psychologically disastrous, and I shall suggest that this is what we see in the delusions and hallucinations that mark certain phases of schizophrenia. (167)

A disorder of imagination is characteristic of schizophrenia.

• Rationality is not all or nothing, and there could be quite specific functional impairments that generate or maintain delusions.

So it may be possible to understand the peculiarities of schizophrenic thought as resulting from specific, functionally localizable damage to a system the proper function of which is to support reason. (168)

• Note the distinction between horizontal and vertical support for a psychological thesis:

Suppose that our hypothesis was that symptom-group S is due to the failure of functional component F, and that we have some independent reason to think that F is realized in a certain brain area B. Then our original hypothesis, together with the independently motivated claim that B realizes F, entails that people with S will show abnormality in B. If they do, then the original hypothesis gets additional support. Call that ‘adding support vertically’: the original hypothesis get additional support be being linked to a hypothesis at the lower, implementation level. But there is also such a thing as adding support horizontally: a theory that postulates a deficit in the functional organization of some mental system in order to explain one disorder might then be recruited to the explanation of another disorder. (168)
• Autism involves a lack of imagination. Hypothesis: Schizophrenia involves a disorder, but not a lack, of imagination.

• Frith argues that schizophrenics suffer from a deficit in metarepresentation — “...the capacity to formulate thoughts about thoughts.” (169) Frith’s position is as follows:

Frith suggests that poverty of action is due to an inability to produce self-willed (as opposed to stimulus-elicited) action, that this is in turn due to an inability to access one’s goals and that it is failure of metarepresentation which is responsible for this lack of access to goals. For the same reason, delusions of persecution and reference are due to a faulty awareness of other people’s intentions, and delusions of control and thought insertion are due to faulty awareness of one’s own intentions. (169)

Currie responds, in part:

Our sense that our actions are our own surely arises from the operation of more primitive, subpersonal mechanisms than those that are supposed to be operative in metarepresentation. (171)

• The idea is that schizophrenia involves a loss of a sense of agency. However, schizophrenics sometimes overestimate their agency as well (e.g., the “releasing bombs by urinating” example).

Frith proposes that there is impairment of action monitoring in schizophrenia due to impaired efference copying, and that there is comparably based impairment to intention monitoring. Thus it becomes difficult for the schizophrenic person to detect her own actions, and also her own acts of will. (172)

• Hypothesis: The schizophrenic misidentifies imaginings that p for beliefs that p. Currie does not posit a metarepresentation deficit for schizophrenics.

○ But one can misidentify an imagining without elevating it to the status of a belief — e.g., it could be a mere “idea”. This is still a “cognitive hallucination”. (175)

○ Imaginings are known as such because they are typically actions. But, schizophrenics have lost a sense of agency. This could explain why they do not recognize their imaginings as imaginings.

○ But, how does one go from that error to the delusional belief of thought insertion?
The thought, particularly in the case where it has bizarre content that does not cohere at all with her beliefs, may seem to be inserted, but she does not recognize herself as the agent who inserts it. She might then be tempted to make sense of the experience in terms of this being a thought which is inserted by someone else. (178)